

Exhibit K-4

Ohio Settlement Notice – Proof of Claim Form

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

Lordstown Motors Corp., *et al.*,

Debtors.

Chapter 11

Case No. 23-10831 (MFW)
(Jointly Administered)

Related D.I.: 668, 696 & 699

OHIO SECURITIES LITIGATION PROOF OF CLAIM FORM

I. GENERAL INSTRUCTIONS

1. To recover as a member of the Ohio Settlement Class based on your settled claims in connection with the above-captioned voluntary bankruptcy petitions under Chapter 11 of Title 11 of the U.S. Bankruptcy Code (“**Chapter 11 Cases**”), and claims against certain of the Debtors and David Hamamoto (“**Settling Defendants**”) in the related proposed class action *In re Lordstown Motors Corp. Sec. Litig.*, No. 4:21-cv-00616 (N.D. Ohio) (“**Ohio Securities Litigation**”), you must complete and, on page ___ below, sign this Ohio Securities Litigation Proof of Claim form (the “**Ohio Claim Form**” or “**Claim Form**”).¹ If you fail to submit a timely and properly addressed (as explained in paragraph ___ below) Claim Form, your claim may be rejected and you may not receive any recovery from the Net Ohio Securities Litigation Settlement Fund created in connection with the proposed Settlement. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement or that you are eligible for a recovery.

2. THIS CLAIM FORM, ACCOMPANIED BY COPIES OF THE DOCUMENTS REQUESTED HEREIN, **MUST BE SUBMITTED ONLINE AT WWW.STRATEGICCLAIMS.NET/LORDSTOWN/ NO LATER THAN ___, 2024 OR, IF MAILED, BE POSTMARKED NO LATER THAN ___, 2024, ADDRESSED AS FOLLOWS:**

Lordstown Bankruptcy Settlement
c/o Strategic Claims Services

¹ The terms of the Settlement are in the Debtors’ *Third Modified First Amended Joint Chapter 11 Plan of Lordstown Motors Corp. and Its Affiliated Debtors* (together with all schedules and exhibits thereto, and as the same may be modified in accordance with its terms, the “Plan”). All capitalized terms not defined in this Claim Form have the same meanings as in the Plan, and the order confirming the Plan (the “**Confirmation Order**”). The Plan and Confirmation Order, among other documents, can be viewed at www.strategicclaims.net/lordstown/.

www.strategicclaims.net/lordstown/

3. If you are a member of the Ohio Settlement Class and you do not timely and validly request exclusion in response to the Postcard Notice dated _____, 2024, you are bound by and subject to all orders entered by the Bankruptcy Court about the Settlement, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT.**

4. Copies of a long-form Notice detailing the Settlement may be downloaded at www.strategicclaims.net/lordstown/. The Notice describes the proposed Settlement, and the manner in which the Net Ohio Securities Litigation Settlement Fund will be distributed if the Settlement and Plan of Allocation are approved by the Bankruptcy Court.

Do Not Call the Bankruptcy Court, LMC or the Debtors' Claims and Noticing Agent with Questions About this Claim Form.

II. CLAIMANT IDENTIFICATION

5. If you: (i) purchased or otherwise acquired LMC's publicly traded Class A Common Stock (ticker: RIDE and prior ticker: "DPHC"), LMC's publicly traded warrants (ticker: "RIDEW" and prior ticker: "DPHCW"), LMC's publicly traded units (ticker: "DPHCU"), or any exchange-traded option to purchase or sell LMC's publicly traded Class A Common Stock during the period from August 3, 2020 through July 2, 2021, inclusive ("**Ohio Settlement Class Period**" or "**Class Period**"), and were damaged thereby; and/or (ii) held LMC's publicly traded Class A Common Stock (ticker: "RIDE" and prior ticker: "DPHC") on September 21, 2020, and held the security in your name, you are the beneficial owner as well as the record owner. If, however, you purchased or acquired LMC Securities through a third party, such as a brokerage firm, you are the beneficial owner and the third party is the record owner.

6. Use Part A of this form entitled "Claimant Identification" to identify each beneficial owner of LMC Securities that forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNERS OR THE LEGAL REPRESENTATIVE OF SUCH OWNERS.**

7. All joint owners must sign this claim. Executors, administrators, guardians, conservators, legal representatives, and trustees must complete and sign this claim on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. IDENTIFICATION OF TRANSACTIONS

8. Use Parts B through E of this form entitled "Schedule of Transactions in LMC Securities" to supply all required details of your transaction(s) in LMC Securities. If you need more

space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

9. On the schedules, provide all of the requested information with respect to your holdings, purchases, and sales of LMC Securities, including whether the transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

10. The date of covering a “short sale” is deemed to be the date of purchase of LMC’s publicly traded common stock. The date of a “short sale” is deemed to be the date of sale.

11. On October 23, 2020, the Company issued and sold an aggregate of 50 million shares of LMC common stock in connection with the closing of a business combination (“PIPE Transaction”). Purchases pursuant to this PIPE Transaction will have a Recognized Loss Amount of zero, notwithstanding any other calculation herein.

12. LMC common stock traded under the symbol “DPHC” through October 22, 2020 and experienced a symbol change to “RIDE” on October 23, 2020. LMC warrants traded under the symbol “DPHCW” through October 22, 2020 and experienced a symbol change to “RIDEW” on October 23, 2020. LMC units traded under the symbol “DPHCU” until the units were delisted on October 23, 2020. All outstanding LMC warrants were redeemed for LMC common stock on January 15, 2021.

13. LMC common stock experienced a 1 for 15 reverse stock split on May 23, 2023. Where Claim Form documentation contains post-split figures, the Claims Administrator will adjust the shares and prices to their pre-split equivalents.

14. Copies of broker confirmations or other documentation of your transactions must be submitted with your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE PARTIES DO NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN LMC SECURITIES.**

15. NOTICE REGARDING INSTITUTIONAL FILERS: Certain filers submitting claims on behalf of other beneficial owners (“Representative Filers”) with large numbers of transactions may request to, or may be asked to, submit information regarding their transactions in electronic files. (This is different than the online claim portal on the Ohio Settlement Claims Administrator’s website.) All such Representative Filers MUST also submit a manually signed paper Claim Form whether or not they also submit electronic copies. Claims should be combined on a legal entity basis, where applicable. Sub-accounts should be rolled up into a parent account if the sub-accounts contain the same tax identification number. If you are a Representative Filer and wish to submit your claim electronically, you must contact the Ohio Settlement Claims Administrator at (866) 274-4004 or visit their website at <https://www.strategicclaims.net/institutional-filers/to> obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

16. NOTICE REGARDING ONLINE FILING: Claimants who are not Representative Filers may submit their claims online using the electronic version of the Claim Form hosted at www.strategicclaims.net/lordstown/. If you are not acting as a Representative Filer, you do not need to contact the Ohio Settlement Claims Administrator prior to filing. You will receive an automated e-mail confirming receipt once your Claim Form has been submitted. If you are unsure if you should submit your claim as a Representative Filer, please contact the Ohio Settlement Claims Administrator at info@strategicclaims.net or (866) 274-4004. If you are not a Representative Filer, but your claim contains a large number of transactions, the Claims Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

PART A – CLAIMANT IDENTIFICATION

The Ohio Settlement Claims Administrator will use this information for all communications about this Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Beneficial Owner's Name		
Co-Beneficial Owner's Name		
Entity Name (if claimant is not an individual)		
Representative or Custodian Name (if different from Beneficial Owner(s) listed above)		
Address 1 (street name and number):		
Address 2 (apartment, unit, or box number):		
City	State	ZIP/Postal Code
Foreign Country (only if not USA)	Foreign County (only if not USA)	
Telephone Number (home)	Telephone Number (work)	
Email Address		
Account Number		
Social Security Number (last four digits only)	OR	Taxpayer Identification Number (last four digits only)

Claimant Account Type (check appropriate box):

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Individual (includes joint owner accounts) | <input type="checkbox"/> Pension Plan | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Estate | |
| <input type="checkbox"/> IRA/401K | <input type="checkbox"/> Other _____ (please specify) | |

SCHEDULES OF TRANSACTIONS IN LMC SECURITIES**PART B - TRANSACTIONS IN LMC PUBLICLY TRADED CLASS A COMMON STOCK (ticker: RIDE and prior ticker: DPHC)**

1. BEGINNING HOLDINGS – State the total number of shares of LMC common stock held at the opening of trading on August 3, 2020. If none, write “0” or “Zero.” (Must submit documentation.) _____			
2. PURCHASES DURING THE CLASS PERIOD – Separately list each and every purchase or acquisition of LMC common stock from August 3, 2020 through and including July 2, 2021 prior to 11:28 AM ET. ² (Must submit documentation.)			
Date of Purchase (List Chronologically) (MM/DD/YY)	Number of Shares Purchased	Purchase Price Per Share	Total Purchase Price (excluding taxes, commissions, and fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
3. NUMBER OF SHARES HELD ON SEPTEMBER 21, 2020: _____ (Must submit documentation.)			
4. PURCHASES DURING 90-DAY LOOKBACK PERIOD – State the total number of shares of LMC common stock purchased from July 2, 2021 after 11:28 AM ET through and including September 29, 2021. ³ (Must submit documentation.) _____			
5. SALES DURING THE CLASS PERIOD AND DURING THE 90-DAY LOOKBACK PERIOD – Separately list each and every sale of LMC common stock from August 3, 2020 through and including the close of trading on September 29, 2021. (Must submit documentation.)			

² Pursuant to the Plan of Allocation, in the absence of contrary documentation, the Claims Administrator will assume that any shares purchased/acquired or sold on July 2, 2021 at any price less than \$9.70 per share occurred after the allegedly corrective information was released to the market at or after 11:28 AM ET, and that any shares purchased/acquired or sold on July 2, 2021 at any price equal to or greater than \$9.70 per share occurred before the release of the allegedly corrective information at 11:28 AM ET.

³ Information requested about your purchases from July 2, 2021 through and including the close of trading September 29, 2021 is needed only in order for the Claims Administrator to confirm that you have reported all relevant transactions. Purchases during this period are not eligible for a recovery because they are outside the Class Period.

Date of Sale (List Chronologically) (MM/DD/YY)	Number of Shares Sold	Sale Price Per Share	Total Sale Price (excluding taxes, commissions and fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
5. ENDING HOLDINGS – State the total number of shares of LMC common stock held as of the close of trading on September 29, 2021. If none, write “0” or “Zero.” (Must submit documentation.) _____			

PART C - TRANSACTIONS IN LMC PUBLICLY TRADED WARRANTS
(ticker: RIDEW and prior ticker: DPHCW)

1. BEGINNING HOLDINGS – State the total number of LMC warrants held at the opening of trading on August 3, 2020. If none, write “0” or “Zero.” (Must submit documentation.) _____			
2. PURCHASES – Separately list each and every purchase or acquisition of LMC warrants from August 3, 2020 through the close of trading on January 15, 2021, the date LMC warrants were redeemed for common stock. (Must submit documentation.)			
Date of Purchase (List Chronologically) (MM/DD/YY)	Number of Warrants Purchased	Purchase Price Per Warrant	Total Purchase Price (excluding taxes, commissions, and fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
3. NUMBER OF WARRANTS HELD THROUGH JANUARY 15, 2021 AND REDEEMED FOR COMMON STOCK: _____ (Must submit documentation.)			
For each LMC warrant held through January 15, 2021 and redeemed for LMC publicly traded common stock, please follow the formulas above for LMC publicly traded common stock to report sales and holdings.			

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST PHOTOCOPY THIS PAGE, ADD THE TRANSACTIONS, AND CHECK THIS BOX

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PART D - TRANSACTIONS IN LMC PUBLICLY TRADED UNITS (ticker: DPHCU)

1. BEGINNING HOLDINGS – State the total number of LMC units held at the opening of trading on August 3, 2020. If none, write “0” or “Zero.” (Must submit documentation.)

2. PURCHASES – Separately list each and every purchase or acquisition of LMC units from August 3, 2020 through the close of trading on October 23, 2020, the date LMC units were delisted and ceased to trade. (Must submit documentation.)

Date of Purchase (List Chronologically) (MM/DD/YY)	Number of Units Purchased	Purchase Price Per Unit	Total Purchase Price (excluding taxes, commissions, and fees)
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

3. NUMBER OF UNITS HELD THROUGH OCTOBER 23, 2020 AND REDEEMED FOR COMMON STOCK: _____ (Must submit documentation.)

For each LMC unit held through October 23, 2020 and directly associated with the acquisition of LMC publicly traded common stock, please follow the formulas above for LMC publicly traded common stock.

**IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS YOU MUST
PHOTOCOPY THIS PAGE, ADD THE TRANSACTIONS, AND CHECK THIS BOX**

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PART E: SCHEDULE OF TRANSACTIONS IN EXCHANGE-TRADED LMC OPTIONS**PURCHASES/REPURCHASES**

A. I made the following purchases/repurchases of exchange-traded options on LMC common stock during the period from August 3, 2020 through and including July 2, 2021, inclusive:

Option Type	Date(s) of transaction (List Chronologically)	Number of Option contracts acquired	Expiry Date (Month/Year)	Strike Price	Transaction price per option contract	[X]expired [A]ssigned [E]xercised
	M M D D Y Y		M M Y Y			
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						

SALES/WRITTEN

B. I sold/wrote the following exchange-traded put options on LMC common stock during the period from August 3, 2020 through and including July 2, 2021, inclusive.

Option Type	Date(s) of transaction (List Chronologically)	Number of Option contracts acquired	Expiry Date (Month/Year)	Strike Price	Transaction price per option contract	[X]expired [A]ssigned [E]xercised
	M M D D Y Y		M M Y Y			
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
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<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						
<input type="radio"/> Put						
<input type="radio"/> Call						

YOU MUST READ AND SIGN THE RELEASE ON PAGE __. FAILURE TO SIGN THE RELEASE MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.

IV. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENT

17. By signing and submitting this Ohio Claim Form, the Claimant(s) or the person(s) acting on behalf of the Claimant(s) certify(ies) that: I (We) submit this Ohio Claim Form under the terms of the Plan of Allocation described in the Notice available at www.strategicclaims.net/lordstown/. I (We) also submit to the jurisdiction of the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”) with respect to my (our) claim as an Ohio Settlement Class Member(s) and for purposes of enforcing the releases set forth in the Ohio Securities Litigation Settlement. I (We) further acknowledge that I (we) will be bound by and subject to the terms of any final order entered in connection with the Ohio Securities Litigation Settlement, including the releases set forth therein. I (We) agree to furnish additional information to the Ohio Settlement Claims Administrator to support this claim, such as additional documentation for transactions in LMC Securities, if required to do so. I (We) have not submitted any other claim covering the same transactions in LMC Securities during the Class Period and know of no other person having done so on my (our) behalf.

V. RELEASES, WARRANTIES, AND CERTIFICATION

By signing and submitting this Ohio Claim Form, the Claimant(s) or the person(s) acting on behalf of the Claimant(s) certify(ies) as follows:

18. I (We) hereby warrant and represent that I am (we are) an Ohio Settlement Class Member as defined in the Settlement, that I am (we are) not excluded from the Ohio Settlement Class, that I am (we are) not one of the “Released Parties” as defined in the Notice.

19. As an Ohio Settlement Class Member, I (we) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever compromise, settle, release, resolve, relinquish, waive, and discharge with prejudice the Released Claims as to each and all of the Released Parties (as these terms are defined in the Settlement). This release shall be of no force or effect unless and until the Debtors’ Plan becomes effective.

20. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

21. I (We) hereby warrant and represent that I (we) have included information about all of my (our) purchases and sales of LMC Securities that occurred during the relevant periods and the number of LMC Securities held by me (us), to the extent requested.

22. I (We) certify that I am (we are) NOT subject to backup tax withholding. (If you have been notified by the Internal Revenue Service that you are subject to backup withholding,

please strike out the prior sentence.)

23. I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied by the undersigned is true and correct.

24. Executed this ____ day of _____, 2024

Signature of Claimant, if any

Type or print name of Claimant

Signature of Joint Claimant, if any

Type or print name of Joint Claimant

Signature of person signing on behalf
of Claimant

Type or print name of person signing
on behalf of Claimant

Capacity of person signing on behalf of Claimant, if other than an individual (e.g.,
Administrator, Executor, Trustee, President, Custodian, Power of Attorney, etc.)

**PLEASE DO NOT CALL THE BANKRUPTCY COURT, LMC OR THE DEBTORS'
CLAIMS AND NOTICING AGENT WITH QUESTIONS ABOUT THIS CLAIM FORM.**

REMINDER CHECKLIST:

1. You must sign this Claim Form.
2. DO NOT HIGHLIGHT THE CLAIM FORM OR YOUR SUPPORTING DOCUMENTATION.
3. Attach only copies of supporting documentation as these documents will not be returned to you.
4. Keep a copy of your Claim Form for your records.
5. The Ohio Settlement Claims Administrator will acknowledge receipt of your Claim Form by mail, within 60 days. Your claim is not deemed submitted until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll free at (866) 274-4004.
6. If you move after submitting this Claim Form please notify the Claims Administrator of the change in your address, otherwise you may not receive additional notices or payment.